

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 12:20 pm, Jun 18, 2014

Complete this report at the time of the regul Complete this report whenever the instrume Retain the original and send a copy within 1	nt is serviced or repaired	and whenever it is p	olaced into servic	ays). e.		
DATAMASTER SN NAME OF AGENCY 950124 Kirksville Poli	ce Department		DATE OF INSPECTION 06/06/2014			
LOCATION OF INSTRUMENT (STREET AND CITY) 119 E McPherson, Kirksville, MO, 6350	11		TIME OF INSPECTION 7:27 am			
CHECKLIST: Place a mark in the box by eac	h item if found to be satisf			d limits.	(Write in observe	d values
where determined.) Unmarked items must b	e corrected before using			/00/004	4.07.07	
DIAGNOSTIC CHECK (PRINTOUT AT)	rached)	DATE AND TIME (from printout) 06	/06/201	4 07:27 am	
☑ COMPUTER		DETECTOR		~		
☑ PROGRAM		FILTERS				<u>,-</u>
☑ HEATERS SAMPLE CHAMBER	49 <u></u> ℃	QUARTZ STAN	IDARD			
☑ FLOW DETECTOR		☑ CALIBRATION				
☑ PUMP HIGH SPEED		PRINTER				
☑ INDICATOR LIGHTS						
SIMULATOR SOLUTION SUPPLIER G	Suth Labs	LOT # _1	3210	EXP. DA	TE 07/29/2015	5
SIMULATOR TEMP (34°C ± 0.2°C)	34.0 °C SIN	MULATOR SN	SD2271	EXP. DA	ATE 12/19/2014	1
CALIBRATION CHECK - (ONLY ONE S	TANDARD IS TO BE US	ED PER MAINTEN	ANCE REPORT)	,,,,		
Run three tests using a standard solutio less. Mark the box corresponding to the				nd must l	have a spread of	.005 or
0.100% STANDARD - MUST READ 0.080% STANDARD - MUST READ 0.040% STANDARD - MUST READ	BETWEEN 0.076% AND	0.084% INCLUSIVE				
TEST 1 ☞ .101	TEST 2 ≠ .101		TEST 3 🖛 ,102	2		
PERFORM R.F.I. TEST (PRINTOUT AT	rached)					
INDICATE THE NUMBER OF BREATH TES (DO NOT INCLUDE SELF-ADMINISTERED	STS IN THE FOLLOWING TESTS)	G RANGES SINCE	THE LAST MAIN	TENAN	CE REPORT:	
REFUSALS 0 (004) 0	(.0509) 0	(.1014) 0	(.1519)	1	OVER .19	1
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR I	L MODIFICATION THAT WAS MADE TO	D RESTORE THE INSTRUME	NT TO OPERATE SATIS	FACTORILY	AND WITHIN ESTABLISH	HED LIMITS
(002 011/21/01/21 11 /120200100)						
		reigeseins Mats Autočiu, rozesie respe			d Nikola gota ila ada ta kasada go	
INSPECTING OFFICER SIGNATURE		PRINT FULL NAM				
6-1. (RD 38.	<u> </u>	Juan B Cl				
TYPE IMPÉRMIT NUMBERTÉXPIRATION DATE 220412 12/27/2	014	(660) 785				
28	reath Alcohol Program, M 375 James Blvd. oplar Bluff, MO 63901	O Department of He	alth and Senior S	Services,	Southeast Distric	ct Office



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of
Alcohol Reference Solution for Simulator were analyzed by
gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph
Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol)
ethyl alcohol. The expiration date for this lot
number is July 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

State of Missouri DEPARTMENT OF HEALTH



PERMIT TYPE II



JUAN B CHAIREZ

is he	reby	authorized	to	instruct	and	supervise	operators,	train	instructors.	inspect
calibr	ate.	perform field	re	pairs, and	d ope	rate the fol	lowing brea	ith an	alyzer(s)	

INTOXILYZER 5000; DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

12/27/2012	We when				
Oale	Offector of State Public Health Laboratory				
Number 220412	But Variety acting director				
Expires 12/27/2014	Director, Department of Health				
MO \$28.0771 (*-43)	Lah «(P7-F3)				

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